| Name ERICKSEN, DOUGLAS J | atement | | For Pay Period E 03/04/2017 Pay Period # | Ending | Net Pay \$ 0.00 | | | |
|---|---|---------------------------------------|--|---|-------------------------|---|------------|--|
| Name ERICKSEN, DOUGLAS J | | | Day Dayland # | | | | | |
| ERICKSEN, DOUGLAS J | Pay Plan/Grad | Earnings and Leave Statement | | | | Pay Date 03/14/2017 | | |
| II | 33 33 30 00 00 00 00 00 00 00 00 00 00 0 | | | | Hourly Rate \$ 77.58 | | | |
| Home Address | | | Pay Check Add | ress | | | | |
| Basic Information Service Comp Date 01/20/2017 Dept ID EP Organization Code A0000000 TSP Tax Deferred Amt/% | Agency EPA Duty Station Di Pay Begin Date TSP Roth Amt/% | C 02/19/2017 | | Cumulative Retirer FLSA Class EXE Financial Institution | MPT | | | |
| Your Pay Consists of Current Gross Pay Deduction Net Pay | YTD 11,792.16 | Tax Information State (DC) Federal | Marital Status | | ditional Currer | nt Wages | YTD Wages | |
| | | EARNINGS | | | | a de la companya de | | |
| Туре | | Rate | Adjusted | ADJ Hours | Hours | Current | YTD | |
| | | DEDUCTION | s | | | 40-14 | 19-7520 | |
| Type Misc Ad Federal Taxes TSP Tax Deferred OASDITax FEGLI - Regular | ljusted Curr | NEFITS PAID BY | Type State Tax 1 / DC Retirement - FEF Medicare Tax | Misc RS/FRAE | Adjusted | Current | YID | |
| Type FEGLI OASDI TSP Matching | Curre | Paris and a substitute of the control | Type Medicare TSP Basic FERS/FRAE | | | Current | YTD | |
| | | LEAVE | | | | | | |
| Type Annual Leave Sick Leave Leave without Pay | Begin Bal Lv Current | Begin Bal Lv Yr | Earned Earne Current | ed YTD Used Current | Used YTD | Adv | Ending Bal | |
| | | ANNUAL LEAV | /E | | | | | |
| Category: Projected Year End Balance: | | Maxim | um Carry Over: | Use | Or Lose Balance | e: 0 | | |
| | | REMARKS | entelenekense | | | | | |
| PREPARE AND FILE YOUR TAXES THE FAST, SAFE, AND FR INDIVIDUALS WITH ADJUSTED GROSS INCOME LESS THE REMARKS/MESSAGES: QUESTIONS? CALL HR/PAY HELPE EMPLOYEE IS RESPONSIBLE FOR VERIFICATION OF PAY, THIS REPORT OF | NN \$64,000.00 ESK 1-866-411-4372 DEDUCTIONS, AND L | OPT 2 OR EMAIL H EAVE. | RPAYHELP@EP# | LGOV T OF 1974 AS AMENDED | | | | |

| Environmental Protection Agency | | | For Pay Period Ending 03/18/2017 Pay Period # 07 | | | Net Pay | Net Pay \$ 6.884.75 Pay Date 03/28/2017 | | | |
|---|--|--|--|---|--|----------------|--|-------------|-------------|--|
| Earnings and Leave Statement | | | | | | Pay Date | | | | |
| ame Pay Plan/Grade/Step RICKSEN, DOUGLAS J GS 15 10 | | | | Annual Salary \$ 161,900.00 | | | Hourly Rate \$ 77.58 | Hourly Rate | | |
| Home Address | | | | Pay Chec | k Address | | • | | | |
| Basic Information Service Comp Date 01/ Dept ID EP Organization Code | Agency EPA Duty Station DC | | | | Cumulative Retire FLSA Class EXI Financial Institution | | | KEMPT | | |
| Your Pay Consists of Gross Pay Deduction Net Pay | Currer 9,619.9 6,884.7 | 2 21,412.08 | The state with the control of the co | | arital Exem | | Additional Currer ithholding | nt Wages | YTD Wages | |
| | | | EARNINGS | S | | 198 | 悬、 凝胶 | | 然为一贯 | |
| Type Regular | | | Rate | Adjusted | | ADJ Hours | Hours | Current | YTD | |
| | | | DEDUCTION | NS | Maria . | | | | | |
| Type Federal Taxes State Tax 1 / WA FERS Retirement-Deductio Medicare Tax Federal Debt Recovery - Involuntary | | djusted Cum | rent YTC | State Tax 1 TSP Tax E OASDI Tax FEGLI - R | eferred | Misc | Adjusted | Current | YTD | |
| 77.19年前四日,1 | | BE | ENEFITS PAID B | Y GOVT. | | | | | 2000 | |
| Type FEGLI OASDI TSP Matching | | Curr | rent YTE | Type Medicare TSP Basic | | | | Current | ΥTD | |
| | | | LEAVE | | ac. | | 4、直接营业。 | all in the | | |
| Type Annual Leave Sick Leave Leave without Pay | | Begin Bal Lv Current | Begin Bal Lv Yr | Earned Current | Eamed YTD | Used Current | Used YTD | Adv | Ending Bal | |
| | | | ANNUAL LEA | VE | | | | | | |
| Category: | Projected Year End Balance: | | Maxir | num Carry (| Over | Ü | se Or Lose Balanc | e: | | |
| | | | REMARKS | • | | | | | | |
| INDIVIDUALS WITH ADJUS REMARKS/MESSAGES: QU | TAXES THE FAST, SAFE, AND FI STED GROSS INCOME LESS TH JESTIONS? CALL HR/PAY HELP LE FOR VERIFICATION OF PAY, | IAN \$64,000.00 DESK 1-866-411-4372 | OPT 2 OR EMAIL | | | | | | | |
| | | CONTAINS INFORMA | | THE PRIVA | CY ACT OF 19 | 974 AS AMENDED |) | | | |

| Environmental Protection Agency | | | | For Pay Period Ending 04/01/2017 Pay Period # 08 | | | Net Pay \$ 0.00 Pay Date 04/11/2017 | | | |
|---|---|--|--------------------------------------|---|----------------------|-------------------------------------|--|------------------|------------|------------------------------|
| Earnings and Leave Statement | | | | | | | | | | and the second of the second |
| Name ERICKSEN, DOUGLAS J | SEN, DOUGLAS J Pay Plan/Grade/Step | | | Annual Salary \$ 161,900.00 | | | Hourly Rate \$ 77.58 | | | |
| Home Address | | | | Pay Chec | k Address | | | | | |
| Dept ID EP | 01/20/2017 | Agency EPA Duty Station DC Pay Begin Date 03/19/2017 | | | | Cumulative Retire FLSA Class EXF | EMPT | 77 35 1 | | |
| Your Pay Consists of Gross Pay Deduction Net Pay | Curre | nt YTD 21,412.08 | | | arital Exem | | dditional Currer | it Wages | YTD Wages | |
| | | | EARNING | S | | | | | | |
| Туре | | | Rate | Adjusted | | ADJ Hours | Hours | Current | YTD | |
| | | | DEDUCTIO | NS | | | | | | |
| Type Federal Taxes TSP Tax Deferred OASDI Tax Federal Debt Recovery - Involuntary | Misc | Adjusted Cun | rent YI | D Type State Tax 1 FERS Ret Deduction Medicare 1 | tirement- 1 | Misc | Adjusted | Current | YID | |
| | | Bl | ENEFITS PAID | BY GOVT. | 233 | | | | | |
| Type Medicare TSP Basic | | Curi | rent YT | D Type OASDI TSP Match | hing | | | Current | YTD | |
| | | | LEAVE | | | | 72.45 | | | |
| Type Annual Leave Sick Leave Leave without Pay | | Begin Bal Lv Current | Begin Bal Lv Yr | Earned Current | Earned YTD | Used Current | Used YTD | Adv | Ending Bal | |
| | | | ANNUAL LE | AVE | | | | | | |
| Category: | Projected Year End Balance: | Maximu | | | num Carry Ovei Use C | | | Or Lose Balance: | | |
| | | | REMARK | S | | | | THE ARE | | |
| MOST OF YOUR BENEFI TODAY AT WWW.LTCFEE REMARKS/MESSAGES: (| THE FLTCIP. LEARN MORE ABO ITS, FINANCING LONG TERM CA DS. COMMEBINAR QUESTIONS? CALL HR/PAY HELI BIBLE FOR VERIFICATION OF PAY | RE. AND RETIREMEN PDESK 1-866-411-4372 | T PLANNING. FINI 2 OPT 2 OR EMAIL | D INFO ON FI | REE WEBINAF | ₹S | | | | |
| | THIS REPORT | CONTAINS INFORMA | TION SUBJECT TO | O THE PRIVA | CY ACT OF 19 | 74 AS AMENDED | | | | |